

HIP BASICS: WHAT YOU NEED TO KNOW

HIP ANATOMY AND FUNCTION

The hip joint is located where the upper end of the femur meets the acetabulum. The femur, or thighbone, looks like a long stem with a ball on the end. The acetabulum is a socket or cup-like structure in the pelvis, or hip bone. This "ball and socket" arrangement allows a wide range of motion, including sitting, standing, walking, and other daily activities.

A smooth, plastic-like lining called cartilage covers the ends of the bones and prevents them from rubbing against each other, allowing for flexible and nearly frictionless movement. Cartilage also serves as a shock absorber, cushioning the bones from the forces between them. Finally, a soft tissue called synovium lines the joint and produces a lubricating fluid that reduces friction and wear.



Normal Hip



Diseased Hip

CONVENTIONAL HIP REPLACEMENT

Conventional hip replacement is a surgical procedure—performed in the US since the 1960s—in which a diseased or damaged joint is replaced with an artificial joint called a prosthesis. Made of metal alloys and high-grade plastics (to mimic the function of bone and cartilage, respectively), the prosthesis is designed to move just like a healthy human joint. Over the years, hip replacement techniques and instrumentation have undergone countless improvements. Today, hip replacement is one of the safest and most successful types of major surgery; in well over 90% of cases it is complication-free and results in significant pain relief and restoration of mobility.

But as good as the results are, hip replacement is major surgery, and as such, there are certain risks and expectations that must be recognized. For example, for some hip replacement candidates, the 3 to 5 day hospital stay, 3 to 12 week recovery period, and 8 to 12 inch scar present significant obstacles to having the procedure. Ask your surgeon about the potential risks and side effects.

MIS TOTAL HIP REPLACEMENT (THR)

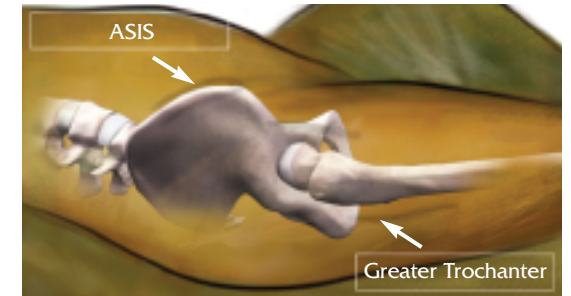
A newer replacement procedure also replaces the joint with a prosthesis, but requires an incision that is only 3 to 4 inches long. Not as many muscles and tendons in the hip area are disturbed as with the classic total hip procedure. This potentially allows for a more natural reconstruction after the prosthesis is in place and the potential for a quicker return to normal function and activity.

The smaller incision and reduced muscle disruption mean that patients may have a shorter recovery time and less scarring. With MIS hip replacement, there may be less blood loss, less time in surgery and possibly a shorter hospital stay. Weight bearing and dislocation precautions are minimal.

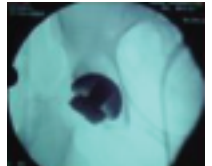
PATIENT POSITIONED SUPINE ON PRO-FX TABLE.



8CM INCISION.



I PREFER FINAL REAMING AND CUP INSERTION WITH AID OF IMAGE INTENSIFIER.



BROACH INSERTION EASILY ACCOMPLISHED THROUGH ANTERIOR INCISION.

